FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED SEGRETARY OF THE SENATE PUBLIC RECORDS

12 AUG -6 PM 2: 59

FOLAII	Authorized Committee	Office Use Only
NAME OF COMMITTEE (in full) TYPE OR PRI	NT ▼ Example: If typing, type over the lines.	12FE4M5
Fitzgerald for US Senate		1
		
		
ADDRESS (number and street)		
Check if different		
than previously Madison reported. (ACC)		WI 53708
2. FEC IDENTIFICATION NUMBER ▼	CITY	STATE ZIP CODE
C C00503227	3. IS THIS . NEW (N) OR	AMENDED STATE ▼ DISTRICT WI 00 WI 00
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	(b) 12-Day PRE-Election Report for the:	
	Primary (12P)	General (12G) Runoff (12R)
April 15 Quarterly Report (Q1)	Convention (12C)	Special (12S)
July 15 Quarterly Report (Q2)	(125) E	<u> </u>
October 15 Quarterly Report (Q3)	Election on 08 / 0 14	in the State of William
January 31 Year-End Report (YE)	(c) 30-Day POST -Election Report for the:	
F-5	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election on Election on	in the State of
5. Covering Period 07 01	/ Y Y Y Y Y Y Y Y TY Through 07	/ D D / V Y Y Y Y Y 25 Z012
I certify that I have examined this Report and t	o the best of my knowledge and belief it is th	ue, correct and complete.
Type or Print Name of Treasurer Bonnie Fitzg	erald	
Signature of Treasurer Bonnie Fitzgerald	D	oate 08 / 02 / 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
NOTE: Submission of false, erroneous, or incomp	ete information may subject the person signing t	his Report to the penalties of 2 U.S.C. §437g.
Office		
Use Only		FEC FORM 3

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